

Parent's please note: Physician signature or clinic stamp is required on this form

HEALTH CARE SUMMARY

This form is to be completed by health care source

Date of Enrollment: _____

NAME OF CHILD _____ BIRTH DATE _____

ADDRESS _____ TELEPHONE _____

PARENT/S OR GUARDIAN _____

Date of last physical examination _____

How long have you been seeing this child? _____

Does this child have any allergies, including allergies to meds? _____

Is a modified diet necessary? _____

Is any condition present that may result in an emergency? _____

What is the status of the child's ... Vision _____

Hearing _____

Speech _____

Please list below any important health problems. Indicate if you or someone else is following the child for the problem, and check which problems require special attention at the center.

<u>Important Health Problems</u>	<u>Followed by you</u>	<u>Followed by other Med Source (name)</u>	<u>Requires special attention at center</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the group child care center _____

Source of health care _____

Associates of Clinic-Signature or stamp _____

Please return this form to:

APPLE ACADEMY LEARNING CENTER
FAX: 651.429.2753
1845 MAIN STREET, CENTERVILLE, MN 55038